

IFSP Planning Worksheet

Child's Name: _____ Date of Birth: _____ Date: _____

IFSP Team Membership Selection by family and Service Coordinator, to identify team members who will be helpful in addressing child and family outcomes, issues and tasks. (Circle those to be invited**)

Family/Community:

- Parents
- Interpreters
- Respite, child care providers
- Advocates
- Ministry
- Parents as Teachers
- Inclusive Child Care Coordinator
- Early Childhood Program (e.g., preschool program, child care provider)
- Other family members, relatives, friends
- Community, civic, disability or parent groups
- Early Head Start/Head Start
- ECSE representative
- Legal representation
- Other:

Social Services:

- Social Worker
- DFS Case Worker
- Other private providers:

Early Intervention Providers:

- Developmental Specialist (Spec.Instr.)
- Special Education Teacher
- Special Instruction Practitioner
- Speech/Language Pathologist
- Mental Health Practitioner
- MO-SPIN for visual impairments,
- Project OutReach for hearing impairments
- First Steps Service Coordinator
- Nurse
- Occupational Therapist
- Physical Therapist
- Psychologist
- Nutritionist
- M-PACT
- Other:

Health Care Providers

- Primary care physician
- Private home health care
- Specialists/specialty centers
- Public health nursing
- Other:
- Other physician(s)
- Primary nurse
- Other hospital staff
- Community health services
- Personal care attendants
- Other:

Planning the IFSP Team Meeting: The family and Service Coordinator create an agenda for the IFSP Team Meeting.

1. Convenient times for family and other team members to attend:

2. Desired location of the meeting:

3. Who will lead the meeting?

4. Agenda for the meeting:

5. Approximate length of meeting time:

6. Preparation needed:

**Prompts prior written notification detailing date, location, time and purpose of the meeting as well as who is expected to attend.